

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED AUG 28 1947**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28526**

Registration District No. **270**

Primary Registration District No. **3050**

Registrar's No. **57**

1. PLACE OF DEATH:

(a) County **Pemiscot**  
(b) City or town **Caruthersville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**106 E. 12th, St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution **24 Years** (Specify whether years, months or days)  
In this community **24 Years**

3. (a) PRINT FULL NAME

**Sudie Mae Pierce**

3. (b) If veteran,

name war **X**

3. (c) Social Security

No. **X**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Robert C. Pierce** 6. (c) Age of husband or wife if alive **39** years  
7. Birth date of deceased **January 24, 1908**  
(Month) (Day) (Year)

8. AGE: Years **39** Months **6** Days **25** If less than one day  
hr. min.

9. Birthplace **Lenox, Tenn.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House-Wife**

11. Industry or business

MOTHER FATHER { 12. Name **Henry C. Kirk**  
13. Birthplace **Newborn, Tenn.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Emma Hallums**  
15. Birthplace **Lanes Ferry, Tenn.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert C. Pierce**  
(b) Address **Caruthersville, Mo.**  
17. (a) **Burial** (b) Date thereof **8/20/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Maple Cemetery**

18. (a) Signature of funeral director **H. Smith Funeral Home**  
(b) Address **Caruthersville, Mo.**

19. (a) **8-22-47** (b) **Dennis B. Wilke**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pemiscot** **78**  
(c) City or town **Caruthersville**  
(If outside city or town limits, write "RURAL") **2**  
(d) Street No. **106 E. 12th, St.**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No) **0**  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **19**  
year **1947** hour **1** minute **A.M.**

21. I hereby certify that I attended the deceased from **August 17**, 1947, to **August 19**, 1947.  
that I last saw him alive on **August 18**, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death **Unknown**  
**Sudden Death in Sleep due to natural causes apparently**  
Due to **acute cholelithiasis** **2 days**

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **None - 127A**  
Of autopsy **none**  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury **(1)**

23. Signature **[Signature]** (M. D. or other)  
Address **Caruthersville, Mo.** Date signed **8/21/47**

8-47-246

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

William D. Pike....., Registered Apprentice No. 440.....  
working under my personal supervision.

Signed James A. Osburn.....  
Licensed Embalmer No. 4185.....  
P. O. Address Caruthersville, Mo......

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**